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James F. McBride 43,784
Name of Attorney/Agent Registration No.

[Signature]
Signature of Attorney

IN THE UNITED STATES PATENT & TRADEMARK OFFICE
RESPONSE/AMENDMENT

Case Docket No. CM1829

Box ____
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Inventor(s): Cunningham et al. Confirmation No. 8415

Serial No.: 09/701,803 Group Art Unit: 1743

Date Filed: December 1, 2000 Examiner: M.T. Cole

Title: Perfume Compositions

1. ☒ [X] No additional fee is known to be required.
2. ☐ [] The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | OTHER THAN A SMALL ENTITY | |
|---|---|-------|---------------------------------------|-------------------|------------------------------|-----|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA* | RATE | FEE |
| TOTAL | * | MINUS | ** | = | x \$18 = | \$ |
| INDEP. | * | MINUS | *** | = | x \$84 = | \$ |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$280 = | \$ |
| | | | | | TOTAL | \$ |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. ☐ [] The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$ for a -month extension of time.
4. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
 - a. ☒ [x] Any patent application processing fees under 37 CFR §1.16.
 - b. ☒ [x] Any patent application processing fees under 37 CFR §1.17.
5. The Commissioner is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

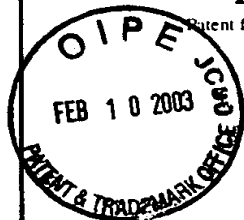
[Signature]
James F. McBride
Attorney or Agent for Applicant(s)
Registration No. 43,784
Tel. No. (513) 627-0079

Date: February 6, 2003
Customer No. 27752
(last revised 7/1/02)

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TC 1700

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.



Complete if Known

| | |
|----------------------|------------------|
| Application Number | 09/701,803 |
| Confirmation Number | 8415 |
| Filing Date | December 1, 2000 |
| First Named Inventor | Cunningham |
| Examiner Name | M.T. Cole |
| Group/Art Unit | 1743 |
| Attorney Docket No. | CM1829 |

TOTAL AMOUNT OF PAYMENT (\$180.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION

1. BASIC FILING FEE - Large Entity

| Code (\$) | Fee Description | Fee Paid |
|-----------|------------------------|--------------------------|
| 1001 740 | Utility filing fee | <input type="checkbox"/> |
| 1002 330 | Design filing fee | <input type="checkbox"/> |
| 1004 740 | Reissue filing fee | <input type="checkbox"/> |
| 1005 160 | Provisional filing fee | <input type="checkbox"/> |

SUBTOTAL (1) (\$)[]

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity

| Total Claims | Extra Claims | Fee from Below | Fee Paid |
|--------------|--------------|----------------|----------|
| [] - 20** = | [] x | [] | = [] |

Independent Claims [] - 3** = [] x [] = []

Multiple Dependent [] = []

** or number previously paid, if greater; For Reissues, see below

| Code (\$) | Fee Description |
|-----------|---|
| 1202 18 | Claims in excess of 20 |
| 1201 84 | Independent claims in excess of 3 |
| 1203 280 | Multiple dependent claim, if not paid |
| 1204 84 | **Reissue independent claims over original patent |
| 1205 18 | **Reissue claims in excess of 20 & over original patent |

SUBTOTAL (2) (\$)[]

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Code (\$) | Fee Description | Fee Paid |
|---------------------------|---|--------------------------|
| 1051 130 | Surcharge-late filing fee or oath | <input type="checkbox"/> |
| 1052 50 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> |
| 1053 130 | Non-English specification | <input type="checkbox"/> |
| 1812 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> |
| 1804 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> |
| 1805 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> |
| 1251 110 | Extension for reply within 1 st month | <input type="checkbox"/> |
| 1252 400 | Extension for reply within 2 nd month | <input type="checkbox"/> |
| 1253 920 | Extension for reply within 3 rd month | <input type="checkbox"/> |
| 1254 1,440 | Extension for reply within 4 th month | <input type="checkbox"/> |
| 1255 1,960 | Extension for reply within 5 th month | <input type="checkbox"/> |
| 1401 320 | Notice of Appeal | <input type="checkbox"/> |
| 1402 320 | Filing a brief in support of an appeal | <input type="checkbox"/> |
| 1403 280 | Request for oral hearing | <input type="checkbox"/> |
| 1451 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> |
| 1452 110 | Petition to revive - unavoidable | <input type="checkbox"/> |
| 1453 1,280 | Petition to revive - unintentional | <input type="checkbox"/> |
| 1501 1,280 | Utility issue fee (or reissue) | <input type="checkbox"/> |
| 1502 460 | Design issue fee | <input type="checkbox"/> |
| 1460 130 | Petitions to the Commissioner | <input type="checkbox"/> |
| 1807 50 | Petitions related to provisional applications (37 C.F.R. 1.17(q)) | <input type="checkbox"/> |
| 1806 180 | Submission of Information Disclosure Statement | [180] |
| 1809 740 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> |
| 1810 740 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> |
| 1801 740 | Request for Continued Examination (RCE) | <input type="checkbox"/> |
| 1802 900 | Request for expedited examination of a design application | <input type="checkbox"/> |
| 1454 1280 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> |
| Other fee (specify) _____ | | <input type="checkbox"/> |
| Other fee (specify) _____ | | <input type="checkbox"/> |

* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$)[180.00]

SUBMITTED BY

Name (Print/Type) James F. McBride

Registration No. 43,784

Complete (if applicable)

Telephone (513) 627-0079

Signature

Date

February 6, 2003

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.